St John Paul II Catholic College

FORMERLY KNOWN AS TERRA SANCTA COLLEGE

All correspondence to: 85 Hambledon Road, Schofields NSW 2762

EMAIL: stjohnpaul2@parra.catholic.edu.au WEBSITE: www.stjohnpaul2.catholic.edu.au



SCHOFIELDS CAMPUS Years 7 – 10 Ph: 9208 7200 Fax: 9208 7230

NIRIMBA CAMPUS Years 11 & 12 Ph: 9208 7200 Fax: 9208 7290

Excursion Information HSC Society & Culture PIP Study Day

Wednesday, 23 June 2021

16 June 2021

Dear Parents/Carers,

Following are the details of an excursion that has been approved by the College Leadership Team.

Please read the information listed below, discuss the details with your child and then if there are no questions or concerns please complete the Permission Slip and return it to **Mr J Victorino** no later than **Monday, 21 June 2021.**

Organising Teacher:

Mr J Victorino

Excursion Date:

Wednesday, 23 June 2021

Venue:

St Marks Catholic College

160 Perfection Avenue, Stanhope Gardens

Why students should attend:

Students will engage with other Year 12 Society & Culture students

to discuss and receive feedback on thier HSC Personal Interest

Project (PIP).

Cost:

No Cost

Depart point & time:

Nirimba Campus

8.10am

Students are required to attend Homeroom at 8.00am and then go straight to the front of the school to meet with Mr Victorino for

departure at 8.10am.

Return point & time:

Nirimba Campus

2.00pm

Transport:

College Minibus

Students are to wear:

Full College Winter Uniform

Emergency contact details:

If Parents/Carers need to contact their child urgently please contact

the College on 9208 7200.

PERMISSION / MEDICAL INFORMATION FORM

HSC Society & Culture PIP Study Day Wednesday, 23 June 2021



(To be completed by Parent/Carer and returned to Mr J Victorino via the College office no later than Monday, 21 June 2021). I give permission for my child_ of Homeroom __ attend the above event at St Marks Catholic College, 160 Perfection Avenue, Stanhope Gardens. I have completed the Medical Information Form below I have read and understand the information regarding this excursion. I understand that students must wear Full College Winter Uniform. In case of an emergency, where medical assistance or treatment is required, I authorise the College to arrange for such assistance as is necessary. Parent/Carer Signature Date Teachers Name: Mr J Victorino Student Name: Homeroom: Address: Date of Birth: Age at 2021 Birthday: Home Telephone Number: Parents/Carers Work Telephone Number: Parents/Carers Mobile Number: **Emergency Contact Phone Number:** Family Doctor Name: Family Doctor Phone Number: List of any medications your child will be taking on the day: Medicare Number: Private Health Fund: Pre-existing illness/medical condition/injury/allergies: